

This Graduate Medical Education manual is an institutional document and contains GME information and expectations

ARNOT HEALTH

GRADUATE MEDICAL EDUCATION

HOUSE STAFF MANUAL

2023-2024

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Arnot*Health*

Arnot Ogden Medical Center

Dear Trainee:

It is an honor and pleasure to welcome you to your training program at Arnot Ogden Medical Center. It is the responsibility of the Graduate Medical Education administration and faculty to support you on your journey towards becoming the most capable physician possible.

This house staff manual is designed to be a guide to the policies and procedures that are integral to your experience. Please use this manual, your faculty, and the GME staff to help you with any questions you encounter.

We look forward to partnering with you!

Sincerely,

Michael Witt, MD, MPH
Designated Institutional Official

INTRODUCTION

This manual has been developed as a guide and resource for trainees, residency program personnel and hospital administration. The purpose of these written policies is to establish guidelines for what a trainee can expect of the health system and what the health system can expect of the trainee. Trainees should use this manual as a resource to answer questions regarding Hospital Policies and Procedures. Trainees are expected to become familiar with and comply with all policies set forth in this book, as well as all Arnot Health policies and procedures available on the Arnot Health intranet.

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Statement of Commitment to Graduate Medical Education

The Graduate Medical Education Leadership at Arnot Ogden Medical Center (AOMC) is comprised of the Graduate Medical Education Committee (GMEC), the Health System Administrators and the Hospital Board of Directors. The Leadership is strongly supportive of Graduate Medical Education. This support includes the commitment to provide the necessary educational, financial and human resources to support the programs and residents of AOMC.

The Leadership recognizes that the Graduate Medical Education Committee is a key component of the organized administrative system overseeing Graduate Medical Education. The Leadership supports the goals of the committee, particularly in regard to maintaining and upholding the institutional requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the programmatic mandates of the Residency Review Committee for the individual training programs.

The Leadership is committed to keeping itself fully informed about Graduate Medical Education, including the necessary resources to support it, and the quality of care and supervision of trainees provided through the medical staff, and regarding these and other issues will maintain ongoing contact with the Graduate Medical Education Committee, a sub-committee of the Quality Committee of the Board of Directors.

Arnot Health Mission/Vision/Values Statement

THE MISSION OF ARNOT HEALTH

Is to partner with each person we serve in order to maximize their physical, emotional, social and spiritual health.

THE VISION OF ARNOT HEALTH

Is to be recognized as the premier regional healthcare system delivering high quality, safe, cost effective, socially responsible health care services to all we serve.

THE VALUES OF ARNOT HEALTH

Excellence

- ✓ We strive for the highest clinical quality, patient safety, and patient, physician and employee satisfaction by continually measuring and improving our performance.

Patient-Centered Health Care

- ✓ We continually focus on the individuals we care for. We are skilled in communication, listening, and honoring the right of every individual. We teach and encourage our patients to participate in their care, to promote their wellness and to make well-informed decisions. We respect and honor the cultural, ethnic, and religious beliefs and practices of our patients in a manner consistent with the highest standards of care.

Compassion

- ✓ All that we do for our patients and communities is done in an attentive, caring, and empathetic manner in order to alleviate the suffering which arises with health issues.
- ✓ We strive to exceed our patients and our co-workers' expectations for comfort and care in the midst of suffering.

Teamwork

- ✓ We work together as trustees, administrators, staff, physicians, and patients to find new, creative and collaborative ways of improving the delivery of health care services.

Integrity

- ✓ We adhere to the highest ethical and professional standards by a commitment to honesty, confidentiality, trust, respect, and transparency.

Arnot Health Graduate Medical Education Mission

Arnot Health's Graduate Medical Education (GME) Program is dedicated to providing excellence in training physicians to provide high-quality and empathetic care engaged in the practice of evidence-based medicine. An emphasis on primary health care and community health services reflects the program's philosophy, with specialty care demonstrating our commitment to innovation and quality in all endeavors. We seek to develop clinically skillful, compassionate and culturally competent physicians from diverse backgrounds, who are prepared to become leaders in their communities. The primary goal of our Graduate Medical Education (GME) program is to graduate physicians that will practice in the Southern Tier and other rural underserved regions in New York State.

Arnot Health's GME Program provides a collaborative, learning-centered environment in which highly qualified and diverse faculty, staff, medical students, and physician trainees integrate teaching, research, scholarship, creative activity, and community service. Through intellectual, social, and cultural contributions, the GME Program enriches the lives of those in the community and surrounding region.

Facility Description

The Arnot Health system is one of the largest healthcare providers in the Southern Tier of NY. With over 440 beds at three different hospitals—Arnot Ogden Medical Center, St. Joseph's Hospital and Ira Davenport Memorial Hospital—Arnot Health Systems offers its patients a full spectrum of care in virtually every subspecialty.

The primary training site for majority of residency/fellowship training programs is the Arnot Ogden Medical Center (AOMC) in Elmira NY. AOMC is a tertiary care facility with approximately 256 beds. AOMC has over 300 physicians and operates the Falck Cancer Center in collaboration with the University of Rochester.

Arnot Health is part of the Lake Erie Consortium for Osteopathic Medical Training (LECOMT). In 2012, Arnot Health made the decision to address the growing regional health care needs and physician shortage by developing a robust and comprehensive graduate medical education program. Now the site has residency training programs in Emergency Medicine, Internal Medicine, Family Medicine, Radiology and Psychiatry, as well as fellowships in Gastroenterology. Arnot Health has received institutional continued accreditation by the ACGME and is committed to ensuring that all of its postgraduate training programs maintain ACGME accreditation.

CODE OF ETHICAL BEHAVIOR

Arnot Health, its Board of Directors, Medical Staff, and Employees conduct patient care and all other business operations in an ethical manner consistent with its Mission, Vision, Values, Strategic Plan, and guided by this policy. Such ethical practices include, but are not limited to, all areas of Patients' Rights, billing practices, marketing practices, admission practices, transfer practices and discharge practices avoidance of conflict of interest in contractual relationships or to acknowledge them if they exist, and Corporate Compliance.

Overall ethical behavior is guided by:

- Mission
- Vision
- Values
- Strategic Plan
- Performance Improvement Plan
- Policies

All services provided by Arnot Health are consistent with its Mission, Vision and Values. New services and technologies shall also be consistent with the Mission of Arnot Health. Such services and technological care are based on safety, efficacy, efficiency, costs, known experience, availability from other sources, number of individuals who benefit and the effect on the institutional ability to provide other needed services as well as the competence and qualifications of staff to provide these services.

Arnot Health maintains an Ethics Committee, which is an interdisciplinary group from within Arnot Health with community representation. For determinations made under the Family Health Care Decision Act (FHCDA), the committee must include a minimum of five members at least three must be health or social service practitioners including one nurse and one physician. At least one member must be a person without any governance, employment, or contractual relationship with the hospital. It is the responsibility of the Ethics committee to help carry out, advise, and direct the implementation of this policy.

The Ethics Committee ensures that its Code of Ethical Behavior protects the integrity of clinical decision making regardless of how Arnot Health compensates or shares financial risks with its leaders, managers, clinical staff, and licensed independent practitioners.

A. PATIENTS RIGHTS

Patients' Rights Policy supports the right of the patients to be informed of the existence of the Patients' Bill of Rights. The patient has the right to ask and be informed of the existence of business relationships among the hospitals, educational institutions, other health care providers, payers, or networks that may influence the patient's treatment and care. Arnot Health provides services that are compatible with its mission and values.

B. BILLING PRACTICES

The following practices have been established and implemented to ensure that patients are billed only for those services and care provided to the patients.

- All initial patient billing is itemized and includes dates of service.
- When a patient or payer has a question about a charge, that inquiry is reviewed expeditiously and related conflicts or complaints handled through mechanisms designed to protect against

- real or perceived harassment.
- General credit/collection procedures are conducted according to applicable State and Federal collection practice regulations.
- Policy Provision of Corporate Compliance.

C. MARKETING and PUBLIC RELATIONS PRACTICES

Arnot Health conducts all marketing practices with truth, accuracy, fairness, and responsibility to patients and the community, holding to the principles of the fundamental value and dignity of the individual and the freedom of speech, assembly and the press. Marketing materials reflect only those services actually available, the level of licensure and accreditation, and comply with applicable laws and regulations on truth in advertising and non-discrimination under Title 6 and Title 16 of the Public Health Services Act and 45.C.F.R. implementing section 504 of the Rehabilitation Act of 1973.

D. ADMISSIONS, TRANSFERS and DISCHARGE PRACTICES

Admissions, Transfers, and Discharge policies are not based on patient ability to pay. Patients whose specific condition or disease cannot be safely treated are diverted or transferred to an accepting institution when medically safe.

Admissions, transfers and discharges are conducted in an ethical manner and in accordance with all applicable Local, State, and Federal regulations and Arnot Health policies.

E. CONFLICTS OF INTEREST IN CONTRACTUAL RELATIONSHIPS

Potential conflicts of interest in contractual relationships are inherent in the conduct of business. The Board of Directors and Arnot Health leadership review relationships carefully. All circumstances which could result in a conflict of interest are addressed through Arnot Health Policy. Annually all members of the Board of Directors and all management employees are required to review Policy and to file a disclosure statement. Board members' statements are reviewed by the Audit and Finance Committee. The President of Arnot Health reviews all employees' statements, except his or her own, and reports the findings to the Committee. The Committee reports its findings to the full Board of Directors.

F. CORPORATE COMPLIANCE

Arnot Health will maintain a Corporate Compliance Program to oversee the organizational commitment to an ethical way of doing business, and system for doing the right thing. The program will consist of policies and procedures developed to assure compliance with all applicable federal and state laws governing the organization as well as:

- Demonstrate Arnot Health's commitment to honesty and responsible corporate citizenship.
- Reinforce employee's sense of right and wrong.
- Provide ongoing training of employee responsibility in terms of reporting suspected fraud, abuse, misconduct, or unethical behavior without fear of retaliation or retribution.

G. FAMILY HEALTH CARE DECISION ACT (FHCDA)

The Ethics Committee will review all disagreements about surrogate decision-making and render advisory recommendations. These recommendations shall be non-binding with two exceptions. A determination by the Ethics Committee is binding when the attending physician objects to a decision to withhold or withdraw nutrition and hydration provided by means of medical treatment for

patient who is neither expected to die within six months nor permanently unconscious, and the Ethics Committee determines that the decision does not meet the standards set forth in the FHCD. Also, the Ethics Committee must approve the decision of an unmarried emancipated minor to withhold or withdraw life-sustaining treatment without the consent of a parent or guardian.

AOMC BENEFITS, RESOURCES AND SERVICES

Policies apply to all Arnot Ogden Medical Center (AOMC) employees, including those temporarily assigned to other institutions. Each intern/resident/fellow must agree to be bound by the Hospital policies and rules and regulations that relate to his/her activities as a trainee. A full listing of all AOMC policies and additional information on many of those listed below can be found on the Arnot intranet. Arnot Health continually evaluates the benefits they offer to employees and reserves the right to amend or terminate any plan, at any time, for any reason.

AOMC offers a benefits package that allows employees to select coverage based on their level of need. Detailed information about all AOMC benefits is provided in the Arnot Ogden Medical Center Employee Handbook provided at orientation. For additional information, Human Resources may also be contacted at 607-737-4178.

Compensation

During the term of intern/resident/fellow's employment, they shall receive an annualized stipend (per contract) payable in equal periodic installments in accordance with the Hospital's usual payroll practices. Hospital shall withhold from these payments to resident such amounts as may be required to be withheld by employers under any federal, state or local law and shall remit the same to proper agencies or otherwise deposit the same as required by law or regulation.

All intern/resident/fellows are paid bi-weekly and normal payday is the Thursday following the end of a pay period. If an observed holiday occurs on a Thursday, payday will be on the preceding Wednesday. Direct deposit is available- and an authorization form is provided to all new residents during the pre-employment process.

Vacation/Sick Days

The Hospital shall provide new incoming PGY-1 through PGY-6 residents/fellows with 20 days (4 weeks) PTO time per academic year. (Please see GME Work hour & PTO Policy for more details). This time will be placed in the trainees account at the commencement of employment and will be available throughout the academic year. PTO is not cumulative from year to year and requires the Program Director's approval. Unused PTO will not be paid out at the end of the academic year. When it is anticipated that an extended leave is necessary for medical/personal reasons, with the Program Director's permission, the individual Intern/Resident/Fellow must use remaining PTO time. If the trainee fails to complete the term of this agreement, the value of any time not accrued (1/26th accrues each pay period of the year) will be subtracted from the existing balance. Additional paid leave (e.g. Salary continuation, Disability Bank, Sick pay, etc.) are not available. (Amended 1/2015)

Full-time Benefits – (HR.425) (Includes Life Insurance and Retirement Program)

Detailed information is provided on the Arnot Health Intranet or by contacting Human Resources. Copy provided at Orientation

Leave of Absence (HR.525) (Includes: FMLA, Qualified Exigency for Military Families, Military Caregiver Leave, Non-FMLA Leave, and Unpaid Leave of Absence)

Detailed information is provided on the Arnot Health Intranet or by contacting Human Resources. Copy provided at Orientation

Absences with Pay (HR.510) (Includes: Bereavement, Jury Duty, and Military Reserve)

Detailed information is provided on the Arnot Health Intranet or by contacting Human Resources. Copy provided at Orientation

Sexual and Other Prohibited Harassment (HR.910)

Detailed information is provided on the Arnot Health Intranet or by contacting Human Resources. Copy provided at Orientation

Substance Abuse Testing Policy (HR.140)

Detailed information is provided on the Arnot Health Intranet or by contacting Human Resources.

Employee Assistance Program (EAP) – 607-733-0780

Arnot Health provides Employee Assistance benefits using our local County Family Services department. The benefit includes counseling services, legal consultations, financial consultations, personal assistant, and a personalized website to help achieve work/life balance.

Professional Liability (Malpractice) Insurance

The Hospital agrees to provide professional liability insurance coverage for the Intern/Resident/Fellow for the duration of his/her training for activities within the scope of his/her educational program. The coverage provided is consistent with the Hospital's professional liability coverage provided to other medical and professional practitioners.

The insurance program will pay all legal expenses and indemnity payments, if any, necessary for the full defense of any malpractice action. Further, this insurance will respond on behalf of trainee regardless of when the suit is initiated as long as the trainee was performing an activity within the scope of the program at the time of the alleged event (s). This includes litigation that might be initiated after a trainee leaves the program. An extended reporting period, i.e., tail coverage, will be provided by Hospital.

Trainees who are served in connection with a malpractice action are asked to sign and date the document and then contact Risk Management and their individual program director. Do not contact the plaintiff's attorney without first discussing the matter with Risk Management and Program Director.

Coverage will not be provided for activities outside the scope of the program such as moonlighting outside of Arnot Health. Interns are not allowed to moonlight. Please see Moonlighting Policy for additional information).

Life Support Training

AOMC residency/fellowships require all intern/resident/fellows to have current certification in Advanced Cardiac Life Support (ACLS). Family Medicine, Emergency Medicine, and Psychiatry require PALS certification as well prior to starting their program. ATLS certification is required for General Surgery and Emergency Medicine residents. If you are already certified, you must present your certification document to the Graduate Medical Education Office. Current requirements for recertification are every two years for ACLS & PALS and four years for ATLS. It is your responsibility to keep all your certifications up-to-date.

DEA Suffix

At the beginning of the residency, each trainee is assigned a controlled substance (DEA) suffix for use when writing prescriptions for controlled substances using the hospital's prefix and the resident-specific suffix. The trainee keeps his/her suffix for the duration of his training program. This suffix is not for use during moonlighting activities.

Applications for a permanent DEA number can be made on-line or a form can be printed from <http://www.deadiversion.usdoj.gov>.

NPI numbers

All residents will be expected to apply for National Provider Identifier (NPI) number prior to their residency. NPI numbers can be applied for on-line at no charge. Residents may apply for NPI number at the start of their residency program by accessing the following website: <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>. Residents will sign up as "individuals" and Taxonomy (Provider Type) number is **390200000X**. Contact respective Residency Coordinator for additional information.

Lab Coats

The hospital provides two lab coats for each intern/resident/fellow at beginning of training. Laundering is available by Arnot Health. Additional lab coats may be purchased at the intern/resident/fellow expense.

Intern/Resident/Fellow Certificates

One certificate will be issued at the completion of residency/fellowship training or at a resident's departure. In the event that a certificate is lost or destroyed, a duplicate certificate will be issued and the former resident will be charged \$30.00.

Food Services

The hospital provides food services at Arnot Ogden Medical Center, St. Joseph's Hospital and Ira Davenport campuses. In addition, meals are provided to Intern/Resident/Fellow at a discounted price.

Call Rooms

The hospital provides ample and secure on-call rooms that are in close proximity to the hospital wards. On-call rooms have appropriate amenities. The hospital provides food to Intern/Resident/Fellows who are required to remain in the hospital overnight.

Computers

There are a number of computer systems in use at Arnot Health. You must have a password to sign on to the systems you will be authorized to access, and instructions and temporary passphrases will be supplied to you at orientation. You will be required to change to secure, personal passphrases following Arnot Health policy, which will be reviewed with you during orientation; passphrases will need to be changed intermittently and you will typically be prompted when they are nearing expiration. If you do not have a passphrase, or have forgotten it, call the MIS Help desk at 737-4390. Once you have provided information to identify yourself your passphrase will be reset with a temporary passphrase for your use. The computer system access will allow you to look up clinical information in the Clinical Care System (CCS) which includes lab results, radiology reports, radiology images, discharge summaries, as well as additional clinical documentation and information.

You may be assigned a laptop for your use during your training, dependent upon program, that must be returned (not for personal use). The lap top has a limited warranty which covers normal use, and will be maintained during your training by Arnot Health for normal wear and tear. You will be expected to pay for any misuse or abuse of this device. If you need service on your lap top, contact the Help Desk at 737-4390. If a spare laptop is in inventory,

a loaner device will be provided for your use while your laptop is being evaluated/repaired. **Because you will be using the device to access Arnot Health computer systems and it is not your personal laptop, you must not alter the configuration of the laptop in any way without permission from Arnot Health's MIS department. This includes but is not limited to loading any other software, and/or altering the security features of the device.**

Arnot will not be responsible if damage has occurred to laptop due to misuse (cracked or broken screen due to dropping, spilling liquid onto the keyboard etc) and trainee will be responsible for all replacement fees.

E-mail/Intranet

Arnot Health intern/resident/fellows are expected to communicate via e-mail. An Arnot Health corporate email account will be provided to you. You will be expected to check your electronic mailboxes daily. In addition, you will be given remote access to your email to enable you to check your email from outside the hospital via a web-based version. Other important hospital/patient specific queries will be sent via Electronic Medical Record (EMR) (hospital and/or clinic) specific software notification system.

Safety and Security/Parking/ID

A robust and effective Safety and Security Department is present at AOMC. There is officer presence in and around the buildings provided by Safety and Security. In addition, parking permits and photo ID are available through Human Resources. Hospital ID badges are to be worn at ALL times while on the premises.

Identification Badges (HR.950)

A hospital identification card will be provided at orientation. These are picture ID cards. The hospital ID card must be worn at all times above the waist. If your card is lost, you must contact the Arnot Ogden Human Resources. You will be charged for replacement cards. This magnetized card will allow you entrance to locked areas in the facility after hours. If a rotation requires coverage at St. Joseph's Hospital (SJH) Campus, an identification badge needs to be obtained from SJH Human Resources as well. Please see your respective coordinator and he/she will facilitate.

Correspondence

All communication from GME to trainees will be via your Arnot email, pagers and/or Medhub. You are responsible for checking your Arnot e-mail frequently (at least daily). In addition, while on rotations, trainees should check their Medhub software account regularly. Many important communications from the Program Director, Graduate Medical Education, the hospital, and other sources will be sent via your Arnot email, Qliq, and/or MedHub. In addition, important hospital/patient specific queries will be sent via Electronic Medical Record (EMR) (hospital and/or clinic) specific software notification system.

Qliq Paging System

You will be required to use ArnotHealth's HIPAA-compliant secure messaging platform (Qliq) for the duration of the program for paging purposes as well as the coordination of patient care. The Qliq app is a free download available via the Apple App Store or Google's Play Store, and while the Qliq app does use data, the amount is negligible (approximately 1-2 kilobytes). For those with data usage or coverage concerns, you are welcome to connect to the open "ArnotHealth Guest" WiFi. Any problems with Qliq can be reported to the MIS Service Desk 24/7. After hours, if you experience problems with Qliq, please call the switchboard operator and let them know how they should reach you in the interim. Please follow-up with the GME Office as soon as possible if you've not yet received your Qliq login credentials.

Personal Development (PD) Funds

PD Funds are available for the academic year and may be used towards conferences, dues, books, approved software and/or devices (no phones or furniture), stethoscopes, board application fees, and other items

related to professional development. PD funds are not cumulative from year to year and approval of their use is at the discretion of the GME Office/Program Director. All PD Fund requests must be submitted on approved request form and must have appropriate documentation of expenses, i.e. Itemized receipt showing you purchased (your name) indicating full amount paid is required. Reimbursement can take up to 60 days.

(Detailed information is provided on the Arnot Health Intranet or on MedHub.)

GRADUATE MEDICAL EDUCATION (GME) OFFICE

GME INFORMATION AND EXPECTATIONS

Graduate Medical Education Administration

The Graduate Medical Education Office (GME) is a central office that provides institutional oversight to all intern/resident/fellows that rotate into the hospital, as well as the AOMC internship/residency/fellowship programs. The Graduate Medical Education Office is comprised of the Designated Institutional Official (DIO), the Associate DIO, and the Senior Residency Coordinator, who have the authority and responsibility for oversight of the educational programs at the institution, and the associated office and program coordinators.

The Graduate Medical Education Office exists in part to meet the requirements ACGME and ACGME for centralization and oversight; we are held accountable by this organization for monitoring program adherence to Graduate Medical Education Regulations. The development of clinical skills and professional competency of physicians in training, and adherence to specific residency program requirements is the responsibility of each program director.

The DIO, or designee, reviews and cosigns all correspondence to the ACGME, including program information forms, program updates and requests regarding program changes. The Graduate Medical Education Office provides an annual report to the Medical Staff, Performance Management Committee of the Board and Board of Directors, which includes information on the activities of the Graduate Medical Education Committee (GMEC), duty hours compliance, resident evaluation and resident responsibilities.

The Graduate Medical Education Office also exists to advocate within the hospital for intern/resident/fellows and respective programs, and to facilitate meetings of the Graduate Medical Education Committee. We are here as a resource for program information, problem-solving and conflict resolution. The Graduate Medical Education Office will conduct semi-annual meetings with the intern/resident/fellows of each sponsored program, at which time intern/resident/fellows are encouraged to bring forward any issues related to the institutional work environment, specific programs or the faculty. Intern/resident/fellows are encouraged to first address concerns with their program director or chairman; in the event that concerns are not successfully addressed on a program level, intern/resident/fellows can bring them to the Graduate Medical Education Office administration at any time either individually or through their Graduate Medical Education Committee representatives. An appointment should be scheduled to allow ample time.

Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee (GMEC) establishes and implements policies and procedures regarding the quality of education and the work environment for the intern/resident/fellows in all programs. The GMEC is made up of program directors of each respective internship residency/fellowship program, representation of the hospital CMO, medical education manager/staff person, quality improvement officer, and peer selected resident. This committee is chaired by the Designated Institutional Officer and is held every other month. This committee discusses program curriculum. The committee reviews resident stipends, program adherence to resident work hour requirements and resident supervision policies, communication with medical staff, program curriculum and evaluation, resident status, oversight of program

changes, program experimentation and innovations, program reductions and closures, and the resident appeal process. In addition, the committee ensures that the institution and each accredited program remain in compliance with accrediting body policies and procedures and CEE requirements through the regular review of Letters of Accreditation and institutional and program requirements. The Graduate Medical Education Committee is a sub-committee of the Quality Committee of the Board of Directors and makes annual reports to that group.

The Graduate Medical Education Committee oversees the systems that are in place to minimize the work of trainee that is extraneous to their educational programs and ensure that:

- Trainee will be provided with adequate and appropriate food services and sleeping quarters.
- Trainee will be provided with support services such as intravenous service, phlebotomy service, and laboratory service, as well as messenger and transport service.
- Trainee will be provided with an effective laboratory and radiology information retrieval system
- Trainee will be provided with a medical records system that documents the course of each patient's illness and care. This will be available at all times.
- Appropriate security and personal safety measures will be provided to trainees in all locations including parking facilities, on-call quarters, hospital and institutional grounds and related clinical facilities.

The Performance Management Department will bring concerns and issues regarding resident evaluation, supervision and the provision of quality patient care to the Graduate Medical Education Committee via the Designated Institutional Official.

An agenda and supporting documentation is circulated prior to each Graduate Medical Education Committee meeting. Agenda items are specifically stated and include the type of expected action. Detailed and accurate minutes are recorded of all meetings. These minutes are circulated to all committee members and kept in the Graduate Medical Education Office.

Confidentiality

Access to confidential patient information must be limited to a clinical or business need to know. Under no circumstances is an employee permitted to access or view information on family members, friends or other acquaintances unless such access is required by the employee's job responsibilities. Staff is not permitted to access or view their own medical information. Physicians are **not** exempt from the stipulation of accessing their own personal information. No patient, including physicians, may request that co-workers access their medical records for them, other than when a care provision relationship already exists between the two parties.

Additionally, records of patients with HIV, mental health treatment and drug or alcohol counseling are equally sensitive and confidential. Improper disclosure of information from these records may result in criminal penalties including a fine or jail sentence, in addition to disciplinary actions.

User IDs and passwords are never to be shared and access of patient information by users may be audited for appropriateness. Any improper access or disclosure of confidential patient information may result in disciplinary action up to and including dismissal.

Work Hours

The Graduate Medical Education Office reviews intern/resident/fellow work hour reports that are submitted by the residency programs to the Graduate Medical Education Committee. Intern/resident/fellows are expected to report their hours accurately for these reports, which are completed on a regular basis and used to monitor compliance to accrediting body and New York State duty hours requirements. When these reports indicate that intern/resident/fellows are in danger of violating these requirements, the program is expected to address the issue and report back to the committee their resolution. Rotations that are at high-risk for work hour violations are monitored on a more frequent basis.

Licensure

Interns and residents may train in medical residency programs in New York State under the supervision of a licensed physician or dentist (as is appropriate) in an approved hospital setting without a trainee license. After successful completion of one-year training period, residents are eligible to obtain a New York State License.

NYS licensure is **strongly encouraged** as there is increased patient-care responsibility as you progress in your respective program. Residents who apply for a NYS licensure must provide proof by submitting a copy to the Graduate Medical Education Office. Applications for licensure are available at <http://www.op.nysed.gov/prof/>. Fellow trainees should be NYS licensed as well in lieu of completing an Internal Medicine Residency.

An unrestricted license is valid for a two year period and is required of residents/fellows who may wish to moonlight.

Physician Impairment

Impaired Practitioner is defined as one who is unable to practice or interact successfully in a hospital environment with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process, or loss of motor skill, or excessive use or abuse of drugs or chemicals, including alcohol.

Issues regarding physician impairment, including alcohol or substance abuse, will be handled in accordance to Hospital Medical Staff policy. The Hospital will facilitate referrals for treatment and take reasonable steps to keep all allegations made, investigations conducted, information gathered and actions taken in strictest confidence.

The Committee for Physician's Health of the Medical Society of the State of New York (CPH) or the corresponding council sponsored by the New York State Dental Association will provide confidential evaluation, treatment planning, and monitoring for physicians or dentists who voluntarily enroll. CPH generally does **not** report participating physicians to the Office of Professional Medical Conduct (OPMC) of the New York State Department of Health **unless** 1) on initial evaluation the physician is an imminent danger to the public, 2) the physician refuses to cooperate with CPH, or 3) the physician does not follow the treatment plan and/or does not respond to treatment.)

Voluntary Self-Referral for Drug/Alcohol Treatment in the Absence of Performance Issues

An intern/resident/fellow who is concerned that he/she may have a problem with impairment may contact CPH directly (1-800-338-1833 or 1-518-436-4723) or may discuss the issue with the program director, the Department Chair or the Office for Graduate Medical Education.

Return to Work (Physician Impairment)

If treatment or rehabilitation is recommended by CPH, and the intern/resident/fellow enrolls in a CPH-approved treatment program, he/she will be required to waive his/her right to confidentiality to the extent that:

The DIO will be notified as to whether the proposed treatment plan limits his/her ability to work, and if so, will be provided with a description of the limitations; the DIO will be notified periodically whether the intern/resident/fellow is participating in the treatment plan and whether treatment has been successful; the DIO will be provided with any other information pertinent to the assessment of the resident's continued fitness to work.

Whether an intern/resident/fellow will be allowed to return to work or complete his/her residency will be evaluated on a case-by-case basis, taking into consideration the recommendations of the treatment program, the limitations, if any, on the intern/resident/fellow's ability to practice and expected duration of the limitations, whether reasonable accommodations can be made by the residency program, the circumstances

that give rise to the initial report of potential impairment (i.e. whether any serious incidents or violations of law occurred), and whether patient and staff safety can be maintained.

Program Letter of Agreements

The training program has responsibility for the quality of the educational experience and will retain authority over the intern/resident/fellow's activities while on rotations to outside or participating hospitals. Affiliation agreements or Program Letter of Agreements (PLA) will exist with all major participating institutions. Program Letter of Agreement (PLA) must be in place for all rotations outside of AOMC, including agreements with non-hospital rotation sites, which will contain specific language as required by Medicare. These will be renewed at least every five (5) years, and updated as necessary per requirements.

Contracts

All interns/residents/fellows are contracted employees. A contract must be signed at the beginning of each academic year. In June of each academic year, contracts for the upcoming academic year will be available for all trainees who are continuing in the program and must be signed prior to the first rotation of each academic year. 90 day written notice is required if you will not be continuing for the next academic year or if you willingly resign from your program.

Research

All categorical trainees are required to demonstrate that they have engaged in a scholarly activity during their training program. Trainees are expected to satisfy the research requirement for their respective residency/fellowship program as mandated by the accrediting body and the Graduate Medical Education Office.

Procedures

All procedures will be inputted and monitored using Medhub software. Until you are signed off on a procedure, you must be supervised by a provider who is credentialed for that procedure. Program Directors and/or Chiefs may inform their coordinator at the start of program to ensure procedures are inputted in software.